

OCT 06 2004

This Form Based on PTO/SB/21

**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

Application Number	09/961,203
Filing Date	9/24/2001
First Named Inventor	NAKANISHI
Group Art Unit	1754
Examiner Name	Bos
Attorney Docket Number	12-010

**ENCLOSURES (check all that apply)**

<p><b>ENCLOSURES (check all that apply)</b></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Fee Transmittal Form</td> <td><input type="checkbox"/> Assignment Papers (for an Application)</td> <td><input type="checkbox"/> After Allowance Communication to Group</td> </tr> <tr> <td><input type="checkbox"/> Fee Attached</td> <td><input type="checkbox"/> Drawing(s)</td> <td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td> </tr> <tr> <td><input checked="" type="checkbox"/> Amendment / Response</td> <td><input type="checkbox"/> Petition</td> <td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td> </tr> <tr> <td><input checked="" type="checkbox"/> After Final</td> <td><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition</td> <td><input type="checkbox"/> Proprietary Information</td> </tr> <tr> <td><input type="checkbox"/> Affidavits/declaration(s)</td> <td><input type="checkbox"/> Petition to Convert a Provisional Application</td> <td><input type="checkbox"/> Status Letter</td> </tr> <tr> <td><input type="checkbox"/> Extension of Time Request</td> <td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td> <td><input type="checkbox"/> Additional Enclosure(s) (please identify below):</td> </tr> <tr> <td><input type="checkbox"/> Express Abandonment Request</td> <td><input checked="" type="checkbox"/> Terminal Disclaimer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Information Disclosure Statement</td> <td><input type="checkbox"/> Small Entity Statement</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certified Copy of Priority Document(s)</td> <td><input type="checkbox"/> Request of Refund</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts/ Incomplete Application</td> <td><input type="checkbox"/> Remarks</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts under 37 CFR</td> <td></td> <td></td> </tr> </table>			<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):	<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer		<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement		<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund		<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks		<input type="checkbox"/> Response to Missing Parts under 37 CFR		
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	<b>Posz &amp; Bethards, PLC</b>
Signature	
Date	8 October 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

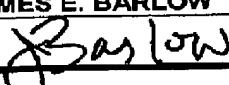
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22323-14501.

Type or printed name	James Barlow
Signature	
	Date: 6 October 2004

# FEE TRANSMITTAL for FY 2005

		<i>Complete If Known</i>	
		Application Number	09/961,203
		Filing Date	9/24/2001
		First Named Inventor	NAKANISHI
		Examiner Name	Bos
		Group/Art Unit	1754
<input type="checkbox"/> <span style="margin-left: 10px;">Applicant claims small entity status. See 37 CFR 1.27</span>		Attorney Docket No.	12-010
TOTAL AMOUNT OF PAYMENT (\$ 110)			

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>Pozz &amp; Bethards, PLC</b>  <b>50-1147</b> </div>		<b>3. 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<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>		
Name (Print/Type)	<b>JAMES E. BARLOW</b>		Registration No. (Attorney/Agent)	32,377
Signature			Telephone	(703) 707-8110
			Date	6 October 2004